

The mission of the FBI National Citizens' Academy Alumni Association (FBINCAAA) and its local chapters, the Citizens' Academy Alumni Associations (CAAAAs), is to promote safer communities. FBINCAAA and CAAA members are graduates of the FBI Citizens Academy, a program that affords business and community leaders an inside look at the investigative techniques and procedures of the Federal Bureau of Investigation (FBI). FBINCAAA and CAAA members may function as informal liaisons between their communities and the FBI.

Pursuant to FBINCAAA and CAAA by-laws, members who learn that they are the subject of a law enforcement investigation agree to disclose such information to the FBINCAAA & CAAA Board of Directors unless they resign from membership. In the event that such disclosure is not made, this waiver permits the FBI to release all information deemed relevant and necessary about that investigation to the Board of Directors of the FBINCAAA and CAAA. This waiver is required under the Privacy Act of 1974, which prohibits the FBI from generally releasing information regarding you that is not considered to be in the public domain to anyone without your written consent.

Please complete the information below so that the FBI may release information concerning a law enforcement investigation of which you are subject to the Board of Directors of FBINCAAA and CAAA.

I, _____, hereby agree that:

1) Within thirty (30) days of learning that I am the subject of a law enforcement investigation, I will disclose this information, including the nature of the offense(s) of which I am suspected, to the Board of Directors of the FBINCAAA and CAAA at the address below, or resign from membership in all FBINCAAA and CAAA organizations.

2) Should I fail to resign or to provide information as agreed above, I consent to the FBI's release of this information to:

Board of Directors
 FBI National Citizens' Academy Alumni Association &
 Citizens Academy Alumni Associations
 Address
 Telephone Number

Full Name:	
Aliases Used:	
Current Address:	
Date of Birth:	
Place of Birth:	
Social Security Number:	

Signature: _____

Date: _____